Reset Form

APPLICATION FOR TANNING FACILITY LICENSE

State Form 47393 (R2 / 7-08)
Approved by State Board of Accounts, 2008

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204-2700
Telephone: (317) 234-3031
www.IN.gov/pla

INSTRUCTIONS: This application must be completed in its entirety. Call or visit our website for current fees.

*** Your Social Security number is being requested by this state agency in accordance with I.C. 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.**

FOR OFFICE USE ONLY			
APPLICATION FEE		**LICENSE NUMBER ISSUED**	
DATE FEE PAID (*month, day, year*)		**DATE LICENSE ISSUED (*month, day, year*)**	
RECEIPT NUMBER		**LICENSE OBTAINED BY**	

DO NOT WRITE ABOVE THIS LINE

TYPE OF APPLICATION

☐ NEW FACILITY (Fee: Call or visit our website for current fees) ☐ TRANSFER (*No fee*)

GENERAL INFORMATION

Name of tanning facility

Address (*number and street, city, state, and ZIP code*)

E-mail address | Number of tanning devices

Number of facilities owned | Telephone number ( )

INFORMATION ABOUT THE OWNER

Name of owner

Address (*number and street, city, state, and ZIP code*)

Telephone number ( ) | Social Security number *

Tanning Equipment Registration: The applicant shall only use tanning equipment manufactured in accordance with specifications set forth in 21 Code of Federal Regulations, Part 1040, Section 1040.20, "Sunlamp Products and Ultraviolet Lamps Intended For Use in Sunlamp Products." If a tanning device is deleted and / or added, notify the Agency immediately.

ADDITIONAL DEVICES MAY BE SPECIFIED ON BACK

MANUFACTURER	MODEL	SERIAL	YR. / MO. MFGD.	UNIT TYPE		BULB TYPES
				BED	BOOTH	

Pursuant law, the applicant certifies he/she has read and understands the requirements of the law, that all information contained herein is true and correct to the best of his/her knowledge. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

Signature of owner | Date of application (*month, day, year*)

Printed name of owner